

CAREGIVER PEER TO PEER SUPPORT

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services will be held accountable to the “General” performance specifications.**

Caregiver Peer to Peer Support is a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings. Caregiver Peer to Peer Support is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth’s emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth’s functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/caregiver.

Caregiver Peer to Peer Support is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.

Caregiver Peer to Peer Support services must achieve a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or In-Home Therapy, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver’s capacity to ameliorate or resolve the youth’s emotional or behavioral needs and strengthen their capacity to parent.

Components of Service

1. Providers Caregiver Peer-to-Peer Support services are outpatient hospitals, community health centers, mental health centers, other clinics and private agencies certified by the Commonwealth. Providers of Caregiver Peer-to-Peer Support services utilize Family Partners to provide these services.
2. The Caregiver Peer to Peer Support service must be operated by a provider with demonstrated infrastructure to support and ensure

	<ul style="list-style-type: none"> a. Quality Management /Assurance b. Utilization Management c. Electronic Data Collection / IT d. Clinical and Psychiatric Expertise e. Cultural and Linguistic Competence <p>3. The Caregiver Peer-to-Peer Support provider engages the parent /caregiver in activities in the home and community. These activities</p> <ul style="list-style-type: none"> • are designed to address one or more goals on the youth's treatment plan for outpatient or In-Home Therapy, or ICP, for youth enrolled in ICC . • are designed to assist him/her with meeting the needs of the youth and meet one or more of the following purposes: <ul style="list-style-type: none"> ○ educating ○ supporting ○ coaching ○ modeling ○ guiding • and may include: <ul style="list-style-type: none"> ○ education ○ teaching the parent/caregiver how to navigate the child-serving systems and processes ○ fostering empowerment, including linkages to peer/parent support and self-help groups ○ teaching the parent/caregiver how to identify formal and community-based resources (e.g., after-school programs, food assistance, housing resources, etc.). <p>4. The Caregiver Peer to Peer Support provider develops and maintains policies and procedures relating to all components of consumer peer support services. The provider will ensure that all new and existing staff will be trained on these policies and procedures.</p> <p>5. The Caregiver Peer to Peer Support provider delivers services in the parent /caregiver's home and community.</p> <p>6. The Family Partner delivers services in accordance with an existing outpatient, or In-Home Therapy treatment plan that is jointly developed by the outpatient, or In-Home Therapy provider with the parent/caregiver, and the youth whenever possible, and may also include other involved parties such</p>
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	<p>as school personnel, other treatment providers, and significant people in the youth and parent/ caregiver's life. For youth in ICC, Caregiver Peer to Peer services are delivered in accordance with the ICP.</p>
Staffing Requirements	
	<ol style="list-style-type: none"> 1. Minimum staff qualifications for a Family Partner includes: <ul style="list-style-type: none"> • experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs; • bachelor's degree in a human services field from an accredited university and one (1) year of experience working with the target population; or • associate's degree in a human service field from an accredited school and one (1) year of experience working with children/adolescents/transition age youth; or High school diploma or GED and a minimum of two (2) years of experience working with children/adolescents/transition age youth; and • experience in navigating any of the child and family-serving systems and teaching family members who are involved with the child and family serving systems. 2. Family Partners possesses a current/valid driver's license and an automobile with proof of auto insurance. 3. The Caregiver Peer to Peer Support provider ensures that all staff, upon employment and annually thereafter, before assuming their duties, complete a training course that minimally includes the following: <ul style="list-style-type: none"> • Overview of the clinical and psychosocial needs of the target population • <i>Systems of Care</i> principles and philosophy • The four phases of <i>Wraparound</i> and the 10 principles of <i>Wraparound</i> • Role within a CPT • Ethnic, cultural, and linguistic considerations of the community • Community resources and services • Family-centered practice • Behavior management coaching • Social skills training • Psychotropic medications and possible side effects

	<ul style="list-style-type: none"> • Risk management/safety planning • Crisis Management • First aid/CPR • Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.) • Basic IEP and special education information • CHINS/juvenile court issues • Managed Care Entities' performance specifications and medical necessity criteria • Child/adolescent development including sexuality • Conflict resolution <p>Documentation of the provider's training curriculum is made available upon request.</p> <p>4. The provider ensures that Family Partners receive supervision on a weekly basis from a Senior Family Partner and a licensed clinician who has specialized training in parent support, behavioral health needs of youth, family-centered treatment, and strengths-based interventions, and who is culturally and linguistically competent in working with youth and families with behavioral health needs.</p> <p>5. The provider ensures that a senior licensed clinician is available during normal business hours for consultation, as well as during all hours in which any Family Partners provide services to parent/ caregiver(s), including evenings and weekends.</p>
Service, Community, and Collateral Linkages	
	<p>1. The provider offering Caregiver Peer to Peer Support services will assist the parent /caregiver(s) with learning how to network and link to community resources and services that will support them in caring for the youth. Family Partners teach the parent/caregiver how to promote linkages with other treatment providers, and the ICC care coordinator for youth in ICC, and assist the parent/ caregiver in advocating for and accessing resources and services to meet the youth's and parent/caregivers' needs. This may include, but is not limited to, access to support groups, faith groups, and community supports that will assist the parent to address the youth's emotional and behavioral needs.</p> <p>2. For youth in ICC, the Family Partner participates as a member of the CPT and clearly outlines the goals of Caregiver Peer to Peer services in the ICP.</p>

	<ol style="list-style-type: none"> 3. For youth who are not engaged in ICC, the Caregiver Peer to Peer Support provider works closely with the family and any existing/referring behavioral health provider(s), to implement the objectives and goals identified in the referring provider's treatment plan. 4. The Family Partner will participate in all care planning meetings and processes for the youth. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DMR, MRC, ORI, probation office, the courts, etc.) are involved and consent is given by the parent/guardian/caregiver, the Family Partner participates and interacts, as appropriate, with these agencies to support service/care planning and coordination, on behalf of, and with, the youth and parent/caregiver(s).
Quality Management (QM)	
	The identified Caregiver Peer to Peer Support provider participates in quality management activities as required.
Process Specifications	
Treatment Planning and Documentation	<ol style="list-style-type: none"> 1. When Caregiver Peer to Peer Support is identified as a need in the treatment plan for outpatient or In-Home Therapy, or an ICP, for those enrolled in ICC, the referring provider is responsible for communicating the reasons for referral and the initial goals to the Caregiver Peer to Peer Support provider. 2. For youth engaged in ICC, the Family Partner must coordinate with and attend all CPT meetings that occur while they are providing Caregiver Peer to Peer Support. At these meetings, the Family Partner gives input to the CPT in order to clearly outline the goals of service in the ICP and provide updates on the youth's progress. The Family Partner develops and identifies to the CPT an anticipated schedule for meeting with the parent/caregiver and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for Caregiver Peer to Peer Support services based on the needs of the youth and the parent/caregiver as identified in the ICP. 3. For youth who are not engaged in ICC, the Family Partner must coordinate with the referring provider and attend all treatment team meetings in order to clearly outline the objectives and goals of the service as identified in the

	<p>referring provider's treatment plan and to provide updates on the youth's progress. The Family Partner develops and identifies to the referring/existing behavioral health provider an anticipated schedule for meeting with the parent/caregiver and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for Caregiver Peer to Peer Support services based on the needs of the youth and the parent/caregiver as identified in the treatment plan.</p> <ol style="list-style-type: none"> 4. The Caregiver Peer to Peer Support provider contacts the parent/caregiver to initiate services within three (3) business days of receipt of the referral. 5. The Caregiver Peer to Peer Support provider matches the parent /caregiver's ethnicity, culture, language, needs, and strengths as closely as possible with available Family Partners. 6. The Family Partner has at least one contact per week, and more if needed, with the youth's ICC, In-Home Therapy Services, or outpatient provider to provide updates on progress toward goals identified in the treatment plan or ICP. 7. The Caregiver Peer to Peer Support provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respect for the parent/ caregiver's dignity and right to choice. 8. Family Partners document each contact in a progress report in the Caregiver Peer to Peer Support provider's record for the youth. 9. Family Partners follows the crisis management protocols of the provider agency during and after business hours.
Discharge Planning and Documentation	<ol style="list-style-type: none"> 1. When the parent/ caregiver decides that he/she no longer wants or requires services, or the referring/current treater(s) along with the parent/guardian/caregiver determine that there is no longer a need for Caregiver Peer to Peer Support, or the goals of the treatment plan/ ICP are met, a discharge-planning meeting is initiated to plan the discharge from the Caregiver Peer to Peer Support service.

	<ol style="list-style-type: none"> 2. The discharge plan is agreed upon and signed by the parent/guardian/caregiver, and is shared, with consent, with current treater(s), or with the CPT for youth in ICC. 3. The reasons for discharge and all follow-up plans are clearly documented in the staff's record for the youth. 4. If the parent/ caregiver terminates without notice, the provider makes every effort to contact him/her to obtain their participation in the services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate an appropriate service termination, or provide appropriate referrals). Such activity is documented in the provider's record for the youth. 5. The Family Partner writes a discharge plan that includes documentation of ongoing strategies, supports, and services in place for the youth and parent/caregiver(s), and resources to assist the youth and parent/caregiver(s) in sustaining gains. The plan is given to the parent/guardian/caregiver and the current/referring provider(s) within five (5) business days of the last date of service.
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